Middle-East Journal of Scientific Research 21 (3): 533-542, 2014

ISSN 1990-9233

© IDOSI Publications, 2014

DOI: 10.5829/idosi.mejsr.2014.21.03.83117

Pharmaceutical Promotional Mix in Pakistan

¹Rizwan Raheem Ahmed and ²Irfan Sattar

¹Department of Business Administration and Commerce - Indus University, Karachi, Pakistan ²Shaheed Zulfikar Ali Bhutto Institute of Science and Technology - Karachi, Pakistan

Abstract: This study examines that the Marketing is the driving force in pharmaceutical industry. Although, there is good quality international literature available for the under examine topic, but it carries the perspective of developed countries, where things are very different from a developing country like Pakistan. The study identified that Pharmaceutical products can be classified under two main categories: Prescription products and OTC products. The criterion for division is whether a product is marketed to the medical professionals or directly to the consumers in Pakistan. In pharmaceutical industry, selling function is invariably handled by the company's own sales team due to highly technical and specialized nature of job, whereas the distributor is responsible only for the logistics part. It is further concluded that there is no winning formula for pharmaceutical promotion. All one can do it to understand the purpose of each tool and then try to create a mix, which works well under the given scenario. In-Clinic Promotional Mix includes detailing aid; leave behind material, samples, gift/giveaways and direct mailers. Out-of-Clinic Promotional Mix includes clinical trials/studies, seminars/symposia/round table discussions, sponsorships, film shows, advertisements, public relations, free medical camps, corporate marketing, hospital/ward improvement programs, E-marketing. The model for marketing mix is made up of two streams of activities achieving the two objectives as "The Product Chain" and "The Prescription Chain".

Key words: Prescription Products • OTC Products • Promotional Mix • Product Chain • Prescription Chain

INTRODUCTION

Pharmaceutical industry is one of the most organized industries in Pakistan, employing a large number of professionals in all areas of operations. The industry currently comprise of more than 800 companies, out of which around 400 or so can be termed as "Active Companies" involved in manufacturing and marketing of pharmaceutical products [1].

Karachi is the city hosting the largest number of companies, but Lahore and Islamabad are emerging fast as centers for pharmaceutical manufacturing and marketing. Marketing is, as in other industries is the driving force in pharmaceutical industry. Most of the people engaged in marketing activities in pharmaceutical industry are business graduates, with majors in marketing. However, the biggest problem they face and which in turn becomes a challenge for human resource function of the company is the distinct character of pharmaceutical marketing. What these business graduates learn at schools do not encompass these unique characteristics

and as a result, they find themselves inadequately equipped to handle the dynamics of pharmaceutical marketing. The very fact that in pharmaceutical marketing, you deal with a customer, who is technically the most competent person, i.e. the doctor, makes the task very challenging. You have to convince him to suggest or prescribe your product and this he will due purely on the basis of merits of the product, which he usually understands better than a common marketer [2]. The restricted media use becomes a major obstacle as you as a marketer are not allowed to use the conventional and established media like newspapers, magazines, radio and television and instead have to reply upon direct marketing, one-to-one sales calls, medical journals/newspapers, sponsorships, sampling and other tools. This makes the task not only more difficult, but also less glamorous [3].

There is a clear need for developing literature, which can take into account the needs of pharmaceutical marketing and become a basic guide to business graduates majoring in marketing to understand how things will be when they pursue a career in pharmaceutical marketing. Although, there is good quality international literature available, but it carries the perspective of developed countries, where things are very different from a developing country like Pakistan. It is also interesting to note that pharmaceutical marketing is treated as a separate and specialized discipline in almost all good international business school, yet in Pakistan no business school offers this area of study. There is a healthcare management degree being offered at CBM, but that is more focused on the operational side of healthcare institution and the material being used for teaching is all international, with very little relevance to local environment [4].

MATERIALS AND METHODS

Marketing of pharmaceutical product is a unique and fascinating discipline, spiced with continuous interaction with target audience and most of the communication taking place on a one-to-one basis. This, on one hand churns out any noise or interference, which happens when different channels are involved in the communication process; but on the other hand, it poses a challenge to marketers of being effective during the few minutes they get from the doctors. The model for marketing mix is made up of two streams of activities achieving the two objectives as "The Product Chain" and "The Prescription Chain".

A Model for Pharmaceutical Marketing Mix: Now, we have developed a fair understanding of the whole process of pharmaceutical marketing mix development and application and its time to link the four P's together and make them interact with each other to achieve the two central objectives of pharmaceutical marketing; the first is to generate prescription and the second is to make the product reach the patient. We can call the two streams of activities achieving the two objectives as "The Product Chain" and "The Prescription Chain" [5].

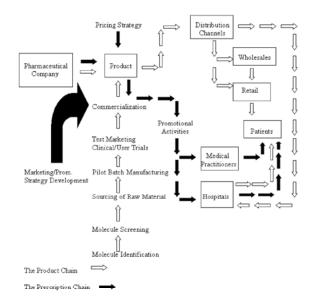
The Product Chain: The product chain starts with the selection of the molecule(s). The selected molecules are then passed through the screening process applying the different criteria, then the source of raw material is identified, pilot batch is manufactured, if needed the company arranges for test marketing or clinical/user trial and finally the product is sent into the market, or commercialized. The pricing strategy is worked out as a parallel process and decided before commercialization. The product goes to the distribution house, then either directly to the retailers, or to wholesale from where the

product eventually reaches the retailer. Parallel to that, the distributor also supplies the product to the hospitals' pharmacies.

When a patient is suffering from an illness, he either goes to a doctor in a hospital, or in his private clinic. At hospital, when a doctor prescribes a product, the patients may buy it from the hospital's pharmacy, or may choose to buy from a retailer outside the hospital. In case of a private clinic, the patient usually buys either from a retailer in the vicinity, or a shop nears his residence. This is how the product chain completes, starting from the hospital and ending in the patient's hands [5].

The Prescription Chain: The prescription chain starts with the information to the doctor by the company's sales team. The information is communicated through either inclinic promotional activities, or out-of-clinic promotional efforts. The doctor, if convinced, prescribes the product and the patient goes and buys the product, thus making the both Product Chain and Prescription Chain meet in the end, which was the basic marketing objective.

Marketing Mix at Work: There is no winning formula for pharmaceutical promotion. All one can do it to understand the purpose of each tool and then try to create a mix, which works well under the given scenario. We will discuss the several tools, which a company may use in promoting its products to the target audience and in the process, we will try to understand the characteristics, merits and demerits of each tool, so as to understand what implications can be expected while developing a promotion mix using these tools [5].



(Source: Sattar & Magsood, 2002)

DISCUSSION

In-Clinic Promotional Mix: The most frequently used tools are those, which a salesperson takes into the doctor's clinic for discussing the products. These tools are normally a regular part of a salesperson's arsenal and are provided by the company on a periodic basis. The performance of any salesperson in pharmaceutical industry largely depends on how well he plans and utilizes the promotional material provided to him for using during the interview with the doctors [6].

Detailing Aid: Detailing aid are the product literatures, folders, brochures or display cards, which are meant to help the salesperson during the discussion with the doctors. These items usually carry a visual to attract attention, the core message to be delivered and the supportive abstract/reports about the drugs. These detailing aid materials are not supposed to be left with the doctors, but as the name suggests, are only to facilitate the discussions. Companies spend lot of time and money for preparing detailing aid. However, it may only serve the purpose if the message is clear, crisp and effective and the salesperson is properly trained to handle that [6].

Leave Behind Material: Leave behind material is for two main purposes; first, to have something around to keep reminding the doctor about the products and second, to leave some detailed material with the doctor in case he wants to know more details about what was briefly discussed during the meeting. Companies use folders, brochures, leaflets, prescription pads and stickers to act as a reminder. These items only serve the purpose if the nature of the product is such that the doctor needs to refer the material off and on. Otherwise, this forms the junk, which is eventually thrown out of the chambers. Only general physicians use even prescription pads as the consultants usually have their own pads, which they use for prescribing medicines.

Companies must be very selective in identifying the products where they need to leave behind some material. Doing it as routine not only is a waste of resources, but also create extra burden for the salesperson [7].

Samples: Probably one of the most misused items in whole pharmaceutical promotional Mix. Marketers tend to forget that samples are meant to generate trial and to build confidence of the doctors. Once the doctor starts prescribing the medicine, the basic purpose of samples is

served. In most of the cases, companies keep on giving uniform quantities of samples to their field force. There is no doubt, that samples play the most major role in gaining the confidence of the doctor, but pharmaceutical companies still need to be discrete in the use of samples.

In third world countries like Pakistan, doctors do not need samples just for trying to see the efficacy. They also ask for samples so that they may give those to such patients who may not be able to afford the full therapy. Some doctors prefer to give the samples as the "startup" packs and ask the patient to buy the future requirement from the market.

What the companies need to keep in mind is that each unit they give as sample to the doctor replaces the sale of one unit. For this reason, a company should keep on trying to keep on evaluating the optimum levels of samples at each stage of product life cycle to ensure that sampling is being done to a level sufficient to generate prescriptions and keep the interest of the doctors alive without hurting the sale of the product [8].

One hidden danger of samples is that these provide an avenue for the sales force to cheat, if they are inclined towards playing unfair. The samples can be easily used for offering "special benefits" to be shopkeepers, who may stock the product for making extra profit through the sale of samples beside the commercial stock. This tendency is widespread; especially in smaller towns where a chemist has the power to give whatever brand he wants against a prescription due to illiterate public. For this reason, companies have to be always on guard and should to always make sure that the samples being provided to the sales team are not being misused. A regular stock-audit at chemist shops in selected localities can always help in identifying such practice. Some companies also stamp/mark their sample stock so that it can be easily differentiated and the chemist might not keep those due to the fear of being snapped [9].

Gift/Giveaways: Most of the pharmaceutical companies do give out expansive gifts to the doctors. The purpose is to establish a relationship, to oblige the doctor and to ensure support on their products. However, none of these objectives is achieved unless:

- The gift is unique in nature and not available from any other source.
- It has some direct relevance with the product.
- It has some utility in doctor's clinic.

Most of the companies never keep these things in mind and end up spending millions of rupees without realizing that the doctor has enough money to buy a Parker pen. However, he might not have excess to latest medical journals and if the company subscribes to journals and then distributes it amongst the doctors, they might really be obliged by this practice and extend their support. Companies who have tried to be creative in this area have been able to develop a strong relationship with the medical professional, which shows that a company cannot be successful only by spending money. It's basically the concept behind the item, which works [10].

Direct Mailers: This is an effective method of sending reminders to the doctor by non-personal means, but this proves to be effective only if the contents provide something of the value for the doctors like an abstract of the studies regarding the product etc. Doctors are usually very selective in seeing their mail and they are quick to observe if something deserves their attention or not.

Out-of-Clinic Promotional Mix: With the ever-increasing shortage of time and attention inside the clinics of the busy medical practitioners, pharmaceutical companies are paying more and more attention to activities performed outside the chambers of the doctors. Some of these activities have been used since long and some have just started to gain momentum.

Clinical Trials/Studies: This is a new phenomenon for Pakistan market. Previously the multinational companies used to conduct some local studies once in a while and the local industry never even attempted to do so. One reason was the highly technical nature of the pursuit and requirement of highly skilled personnel to liaison with the researchers and other the time it takes for a study to complete and the results to be available for discussions with the doctors.

As all local companies depend on marketing of branded generics and the quality of local industry has always been a questionable issue with the medical profession, good local companies have started to focus their attention on conducting and sponsoring clinical studies for their brands, to stand out from the crowd. However, only those companies are adopting this technique who are sure about their quality standards and failure of a drug during clinical study may result in a way that doctors stop recommending even the other brand so that particular company. Therefore, companies are always

careful before they embark on such activities [11]. The multinational companies, which invest a lot in clinical studies, are Eli Lilly and Aventis and amongst local companies, PharmEvo is the only company, which has a stream of clinical trials being conducted on its brands.

Seminars/Symposia/Round Table Discussion: A very popular promotional technique, which was practiced only by multinational companies but now more and more national companies are following the suit [12]. A doctor, who is considered to be one of the opinion leaders and who is willing to speak on behalf of the company is provided all the information about the product and then provided an audience to address on the benefits of the product and its comparison with other available options [13]. Alternatively, a group of doctors is engaged in a round table discussion about the product. The doctors who are selected are a mix of those who already have some good experience with the product and some for whom it's a new product. The doctors share their experience at this forum and as a result, those who had no experience of the product might get influenced by those who had and thus the company's objective may be achieved.

According to Ahmed *et al.* [6] a company has to be really careful, as seminars/symposia/RTD are always tricky businesses. Doctors do tend to take such activities as an occasion of social get-together and the company does not get any benefit out of such activities. A company may ensure maximum benefit of such activities by considering the following seriously:

- The medicine, which is to be discussed, must have profile where doctor would be interested to learn. As such, a tried and tested molecule may not be a suitable topic for such activity.
- The speakers must be selected very carefully. They
 must have some credibility in their area of expertise
 and must be known for their research and academic
 activities.
- The speakers should not be politically affiliated with any group, at least not in practical terms.
- The objectives of the event must be spelt out very clearly and the proceedings must be moderated properly.
- The proceedings must be recorded and communicated in a suitable form to other target doctors so that the benefit of the activity doesn't keep confined to the participants of the event only.

Sponsorships: The medical practitioners throughout the country have their representative bodies, which are either general medical bodies like Pakistan Medical Association, Pakistan Medical and Dental Council, Pakistan Islamic Medical Association etc, or related to a particular specialized area like Pakistan Hypertension League, Cardiology Society of Pakistan, Diabetic Association of Pakistan, Pakistan Orthopedic Association etc. All these representative bodies have their quarterly, bi-annual or annual conferences, where latest research findings are discussed and papers presented. These events provide an excellent forum to develop a rapport with the leading doctors and position the company effectively.

Pharmaceutical companies take advantage of such events either by sponsoring the event itself by putting up a stall at the venue, sharing the organizational cost, placing an ad in the souvenir and sponsoring a speaker to the event, or by sponsoring the registration of participants for the event [14].

The issues faced during such events are very similar to seminars etc, where many doctors take this opportunity as a free trip to the event, with no academic consideration whatsoever. However, if effectively planned and executed, participation in such events may yield enormous benefits for the company.

Other Points to Be Considered Are the Following:

- There is a big crowd of companies putting up their stalls and trying to get doctors to their stalls and spending time with them. Therefore a company has to come up with a creative idea so as to differentiate their position at the event.
- A careful approach is needed to make sure that the
 academic discussion may not be termed as a setup by
 the company, which is a difficult thing to do as when
 a company actively participates in an event, all
 discussion regarding their product are taken as
 "sponsored" by the audience.

Film Shows: The modern audio-visual techniques have also arrived in pharmaceutical marketing and progressive companies are adopting this technique and preferring it to seminars and other forms of direct communication. Companies get films made on their products and arrange film show for doctors, usually in wards of hospitals and for general physicians at hotels [15].

Advertisements: There are numerous medical newspapers/journals published in Pakistan, which provide an opportunity to communicate to the doctors through advertisements [16].

This is again an area, which has to be very carefully planned in order to get any advantage. The major considerations are the following:

- The readership of the journal is never authentic in Pakistan. Publishers claim 20,000 where the actual circulation is not more than 5,000. A company must have its own source of verifying through surveys etc, before selecting a newspaper or journal for advertisement.
- Almost all medical publications survive and thrive on advertisements with their subscription is usually zero. When doctors are not spending money on getting a journal, they usually do not take it seriously. Once again, company needs to evaluate the preferences of doctors and must find out which publications do they actually read.
- Companies must focus on placing the products according to the contents of each issue. The publications can be asked to provide a copy of the table of contents with their tariff, which may help the marketing team to identify the appropriate product to be advertised.
- Publishers usually distribute their magazine randomly. For example, a publisher may be printing 3,000 copies, whereas he might have a list of 10,000 doctors. So he randomly selected the doctors to whom the magazine/newspaper will go. This way, the company may be loosing lots of doctors. The best way to address this issue is to strike a deal with the preferred newspapers/journals to place advertisements only if a certain number of the target doctors of the company will get the copy. Publishers usually have no problem in this because they were sending the copies randomly [17].

Public Relations: Since pharmaceutical companies cannot directly approach the consumers, they are reverting more and more to voicing their messages at public forums and through newspapers so that they can increase awareness amongst the masses about their product.

A product launched by MSD called "Vioxx", has an aggressive PR campaign to go with the product launch, through which, the worldwide success of the product was

highlighted and an undertone in favor of self-medication was evident throughout the campaign. However, the medical professional becomes hostile to any company, which the masses directly because doctors feels as if their authority to suggest a product is being challenged. In essence, they are right because self-medication should never be encouraged, especially in a country like Pakistan, where the literacy rate is low and patients may take a wrong medicine, or in wrong dosage, which may prove to be fatal [18].

Pharmaceutical companies are very careful in their PR campaigns as there have been examples like Disprin which became a total no-no for doctors when the company went on air through television for their direct to consumer campaign.

Other Activities

Free Medical Camps: A company may choose to organize a free medical camp at a hospital/clinic in collaboration with a doctor where patients diagnosed with a related disorder may be prescribed company's medicines and the representatives present there may give a starter dose to the patients. This is also a highly effective method, especially in poor localities and rural areas where people will go any distance to save the consultation fee of the doctor is they can.

A problem that arises, is always the follow-up purchases. To address this issue, the company has to make sure that:

- The product being targeted is a low priced product, which the patient can continue with.
- The product must be freely available in the vicinity so that the patient can buy it easily once he is done with the starter doses.
- The doctor involved in the event must be regularly followed up so that whenever a patient comes back to him, he may ensure that he is continuing with the same brand.

Corporate Marketing: Pharmaceutical companies in Pakistan have historically been brand-oriented. However, during the last few years, progressive and aggressive companies have started to realize that it's basically the corporate profile, which adds value to the brand and helps the doctor to identify the brand differently from others.

One glaring example is of PharmEvo (Pvt.) Ltd. a company, which started its operation in 1999, soon becomes one of the fastest growing and widely recognized company only because of unique corporate marketing activities. The company introduced the concept

of "Healthcare Beyond Physical Health" and supported it with a corporate slogan, "Our dream, a healthier society". The company did away with conventional gifts and giveaways and started preparing and publishing beautiful books, information calendars, disease profile booklets and the concept gained momentum immediately. This was followed up with organization of events like an evening with Ahmed Faraz and now doctors simply love the way the company operates. In a span of just 3 and half years, the company has crossed 100 million rupees in sales, with a host of highly successful brands to its credit.

After witnessing the success cited above, more and more companies have started doing this and this has brought some added value to the marketing activities being performed.

Hospital/Ward Improvement Programs: The condition of government hospitals in Pakistan is pathetic. There are not even the very basic facilities are available. Realizing this, some companies have started to support hospital/ward development programs, which are being widely appreciated by the doctors practicing in those institutions and they extend all possible help to the companies.

E-Marketing: Today, not only multinationals, but also local companies are paying much attention to the wonderful tool of Internet marketing. However, the medical professionals due to their extremely busy schedule is not too receptive towards using computers and internet quite often, but nevertheless, it is gaining ground fast.

Companies are not only placing their promotional literature on the web, but also developing sites of interest for the doctors and trying to get them visit those sites. Epla Laboratories, Pharmatec, Efroze, Hilton and Highnoon are some of the companies, which have reasonably good website and they take special care to keep them updated and well maintained. It can be safely assumed that 3-5 years down the line, web will become of the most widely used and effective medium for promotion in pharmaceutical industry [19].

Unethical Practices in Pharmaceutical Marketing: One of the sore areas in pharmaceutical marketing, especially promotion is the unethical practice, for which companies and the medical professionals are equally responsible.

Although, it's a topic worth a separate detailed study, but it seems appropriate to at touch upon the basic of this critical area, so that the readers of this study can gain some insight of the darker side of pharmaceutical marketing as well.

We may discuss these practices under two different heads to develop a better understanding of the concepts and implications:

Practices at Promotional Level: The most commonly adopted unethical methods with medical profession are the following:

- Expensive items are provided to the doctors and in return the doctor agrees to support the company by prescribing its products. These gifts are not confined to just items used in doctor's own practice like diagnostic equipment, BP apparatus, Stethoscope etc, which a doctor should be buying from his own money, but also to personal and household items. There are countless examples where televisions, airconditioners, carpets, audio players and even cars have been presented to the doctors.
- Sponsoring doctors to international conferences is another way of bribing them. This can be a good activity, which may bring latest knowledge to the country, but it becomes meaningless when a dermatologist is sponsored to attend a cardiology conference. These trips are not fully paid, but doctors are usually allowed to take their family along and all the cost of entertainment and even shopping of the ladies are borne by the company.
- Outstation launch meeting is another face of this menace. Doctors are taken to Bhurban, Dubai and Bangkok to attend introductory launch meetings for new products, which can very well be done on location. These are again pleasure trips with almost no academic value.
- The worst form of unethical practice is where a doctor willingly accepts a cash reward in return of his prescription. Companies even get receipt from the doctors for this incentive. Few years back, the whole marketing of Upjohn was fired because the news of such activity performed in Pakistan reached their corporate offices. A number of local companies are openly involved in such practices and accept this as a norm.

Practices at Trade Level: Trade oriented policies have become the easiest shortcut for the companies, which do not want to get into the technical and highly skilled job of detailing their products to the doctors. These companies dump their stocks with extra discount/bonuses in trade and expect the chemists to substitute the prescribed product with another branded generic, where he is getting

extra benefit up to the tune of 30-40% in certain cases. This strategy is extremely successful due to overall low literacy rate of patients in Pakistan, who are unable to read the prescription and take whatever is given to them. Another method that these traders adopt is that they simply do not stock the products for which the companies are not giving any trade offers and when a patient comes to them with a prescription, they tell him that the product is not being supplied and they may take another brand which contains the same ingredient and will also save them some money. Most of the patients in rural areas and low-profile localities do fall in this trap quite easily [20].

There is another area of concern, which is the association of some doctors with chemists. In rural areas of Pakistan, it is a common thing to see a cousin or brother of the doctor running a pharmacy adjacent to his clinic. This cartel act in two three ways:

- The chemist informs the doctor about the brand on which he has got special discount and the doctor starts prescribing it at any given opportunity.
- The doctor asks the chemist to stock the product for which the doctor has been able to strike a deal with the company and the chemist orders extra stock of that brand, which is liquidated on the doctor's prescriptions.
- The doctor asks for additional samples from the representatives visiting him and gives them to the chemist, who sells them to patients and the booty is then shared between the both parties.

The unethical practices are an ever-rising phenomenon in Pakistan's pharmaceutical marketing arena. However, over the last few years, there has been a growing awareness amongst the doctors' community, which do not indulges in such practice and feel bad when someone from their community brings bad reputation for doctors. They have started to strongly condemn the companies who come up to them, with such offers and also try to influence other doctors to avoid supporting those companies. On the other hand, several pharmaceutical companies have come up with a clean profile and are spreading awareness amongst the doctors on how their patients may suffer due to sub-standard products that those unethical companies market.

There is still a silver lining in the sky and hopefully as more and more people from the industry as well as the medical professionals become more aware of this evil, things will improve during the days to come. **Steps in Developing Effective Communication Mix:** The development of effective communication mix in pharmaceutical marketing is a complex task, which goes through several steps, which are discussed below:

Identifying the Target Audience: A marketing communicator starts with a clear target audience in mind He has to clearly know the profile of the doctors who will receive the message. A message intended for general practitioners will be completely different from a message intended to reach a specialist/consultant.

In case of GPs, the message will be simple, slightly non-technical and clear as the diseases treated by GPs are usually simpler in nature and they also avoid high-risk patients. However, a message focused on specialist has to take into account the knowledge the doctor himself is supposed to have about the product. Such doctor will be least interested in hearing about the basic profile, mode of action etc of the drug and will be looking for results of latest trials or abstracts from articles recently published.

Determining the Communication Objectives: Once the target audience has been defined, the marketing communicator must decide what response is sought. Of course, in pharmaceutical marketing, the final response is prescription. But prescription is the result of a long process of decision making by the doctor.

The factors, which may affect the communications objectives in context of pharmaceutical marketing, can be the following:

Profile of the Target Doctors: Consultants and specialists usually dislike detailed presentations as they feel the representative is trying to teach them. Therefore, the objective in such cases should be to deliver a crisp and direct message. Whereas, in case of junior doctors and general practitioners, the message must be elaborate and covering all the relevant and necessary details as this is what the doctors are looking for.

Product profile: For a brand, which contains an active ingredient, which is comparatively newer, the communication objective must be to take nothing forgranted and the message should contain all necessary details. Similarly, a brand to be used in serious medical conditions, like hypertension, diabetes or blood disorders need to be explained thoroughly. On the other hand, brand of simple analgesic or multivitamin should be promoted with simple and basic message.

Product Life Cycle Stage: A product, which has been on the market for long is known fully to the doctors. They are not interested to know the details and the message should serve just as a reminder to them. On the other hand, a drug recently launched might still have some areas about which the doctors are not clear and information regarding the drug may do well for the brand.

Designing a Message: Having defined the desired audience response, the communicator turns to developing an effective message. Ideally, in general marketing terms, the message should get Attention, hold Interest, arouse Desire and obtain Action (a framework known as the AIDA model). However, in pharmaceutical marketing communication, the D for Desire should be replaced with D for Decision; which means that the massage must get Attention, hold Interest, facilitate Decision and obtain Action, which in this case is prescription.

Normally, the attention is grabbed in pharmaceutical marketing through starting the discussion with a real life situation, which can be then related to the profile of the product. The detailing tools used are usually carrying an attractive visual on the front page, with a caption, which serves the purpose by getting the attention of the doctors. Sometimes, some of the major concern of the doctors can be highlighted on the first page, on which the doctors focus their attention and then they can be taken to the product message. The interest is held through developing the message in such a way that the doctor feels interest in the discussion. Normally, those areas are highlighted regarding the product profile, which are important for the doctor to understand. Use of pictures, graphics and colors help in retaining the interest of the audience.

The decision is facilitated through anticipating the queries and answering them during the discussion. If the doctor might be concerned for the price, then the message should take that into account and this objection should be tackled during the discussion before the doctor can throw the question across. The major concerns usually are regarding efficacy, safety, comparative data with reference to other treatment options, price and availability of a product. A good marketer always addresses these concerns in his message. Finally, the message gives some solid reason at conclusion, which may convince the doctor to prescribe the product. It can be the major USP of the product, which clever marketers might save for the closing of the discussion.

Choosing Method of Delivery: The marketing of pharmaceutical entails two sets of tools, in-clinic and out-of-clinic. A communicator has to choose from the two sets, or may come up with the mix of selected tools from the two sets. The core message will though remain same, but the communicator needs to adapt the message according to the medium being used. The basic tool for communication remains the detailing aid, which the company's representative uses in the doctor's clinic. This detailing aid contains almost all important details, from which a representative may choose what to communicate and what not according to the situation and response of the doctor.

The leave behind tools usually contain the core message and support information, which can remind the doctor of the basic stance of the product and its benefits for the patients.

The press advertisement again repeats the same message, but is focused more on the benefits, which a doctor can pick while flipping through the pages of a magazine or medical newspapers. If the communicator feels that there is a need of interactive communication, he might think of using a forum to put the message across like a seminar or a panel discussion.

Collecting Feedback: After sending the message, the communicator must research its effect on the target audience. The immediate feedback comes from the sales trend of the product, which tells how effective the communication has proven to be. Another effective method is the visits from the marketing and sales management personnel to sample doctors and during discussions, it becomes evident if the message has been delivered effectively and did the contents provide answers to the queries of the doctors. In some cases, the company might also decide to go for surveys or other formal methods of research, sometimes with the help of outside agencies to know how well the communication has been designed and delivered.

Integrated Marketing Communications: Pharmaceutical marketing professionals are fast becoming aware of the latest development in the discipline of marketing and they have also started to adopt latest theories in communications. Unlike few years back, when all tools were used in isolation from each other, which messages and format changing as per the requirement of the tool, now we find a synergy in all marketing activities. Marketers are making all efforts to make sure that each next step in the communication process adds some value

to the previous one. Right from the detailing folder, to leave behinds, to press advertisements and even to discussion forum, the same message is presented in different forms.

Product slogans, logos and positioning statements are taking up fast. One look at the advertisements appearing in the medical press and you realize that pharmaceutical marketing has come a long way from the basic, "Panadol for Pain" stage. Now you come across trendy and catchy slogans just like consumer products. Product positioning is now being based on emotional appeals, which is a take-off from simple no-nonsense kind of approach pharmaceutical marketing symbolized for long.

Today, each product stands for something. A look at a pharmaceutical companies' communications gives a clear idea of current status of marketing, where the core message is integrated all across the communication tools and media. The line between pharmaceutical marketing and general marketing is thinning, but still intact and will remain so, considering the peculiar characteristics of pharmaceutical products and the dynamics of the industry.

CONCLUSION

This study concluded that things are changing at lightening pace in pharmaceutical marketing, as in all other discipline. The scenario in Pakistan is very dynamic and evolving rapidly. Things have really changed if we considered the local pharmaceutical industry. The study identified that Pharmaceutical products can be classified under two main categories: Prescription products and OTC products. The criterion for division is whether a product is marketed to the medical profession or directly to the consumers in Pakistan. In pharmaceutical industry, selling function is invariably handled by the company's own sales team due to highly technical and specialized nature of job, whereas the distributor is responsible only for the logistics part. It is further concluded that there is no winning formula for pharmaceutical promotion. All one can do is to understand the purpose of each tool and then try to create a mix which works well under the given scenario. In-Clinic Promotional Mix includes detailing aid; leave behind material, samples, gift/giveaways and direct mailers. Out-of-Clinic Promotional Mix includes clinical trials/studies, seminars/symposia/round table discussion sponsorships, film shows, advertisements, public relations, free medical camps, corporate marketing, hospital/ward improvement programs, E-marketing. The model for marketing mix is made up of two streams of activities achieving the two objectives as "The Product Chain" and "The Prescription Chain".

The quality of medicines improved remarkably and the sales and marketing teams became capable of competing with multinational companies. we find many brands from local companies like Sami, Hilton, Efroze, PharmEvo and Getz on top of several therapeutic categories rubbing shoulders with MNCs. The country has now become an equal opportunity arena all players. The future of pharmaceutical marketing paints a very interesting picture. Doctors are giving more importance to product information and conventional gifts and services are no more an effective tool. The worldwide emergence of DTC or Direct to Consumer marketing is yet to gain ground in Pakistan, but soon we will find companies arranging events and launching PR campaigns to create consumer awareness. One thing is for sure; mediocrity now has no future in pharmaceutical marketing. Things will keep on becoming tough and only those companies will survive who invest a lot in corporate image building, foster a vision and develop a winning culture in their organizations.

REFERENCES

- 1. IMS PKPI (MAT Q2and Q3, 2013). Pakistani Pharmaceutical Industry, December 31, 2013.
- Ahmed, R.R. and A. Saeed, 2014. Pharmaceutical Drug Promotion Practices in Pakistan: Issues in Ethical and Non-Ethical Pharmaceutical Practices, Middle-East Journal of Scientific Research 20(11): 1630-1640.
- Parmar and Jalees, 2004. Pharmaceutical Industry in Hyderabad, Unethical Practices in Drug Promotion, Independent Study for MS, Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology, Karachi, May.
- 4. Ahmed, R.R. and A. Saeed, 2012. "Ethical and nonethical Pharmaceutical marketing practices: Case study of Karachi city" Interdisciplinary Journal of Contemporary Research Business, 3: 11.
- Sattar, I. and A. Maqsood, 2003. A Marketing Mix Model for Pharmaceutical Industry - A Pakistani Perspective, The Journal of Independent Studies and Research, 1: 2.

- Ahmed, R.R., V. Parmar and J. Ahmed, 2012. Factors that affect attitude towards Generic Drugs Perception: Comparison of Physicians and General Practitioners of Karachi City, International Journal of Marketing and Technology, 2: 11.
- 7. Kuatbayeva, A.A., 2013. "Modeling Situational Room for Healthcare" World Applied Sciences Journal, 26(2): 209-212.
- Sibbald, H. ,2004. Legal Action against GSK over SSRI data CMAJ. July 6; 171(1): 23. doi: 10.1503/cmaj.1040982.
- 9. Tomlinson, H., 2004. AstraZeneca sued for ulcer drug profits. The Guardian, 24 November.
- Klunko Natalia. 2013. "Globalization's Impact on Development of the Russian Pharmaceutical Complex" World Applied Sciences Journal, 23(2): 252-257.
- 11. Singh, A., P.K. Sharma and R. Malviya, 2011. "Eco Friendly Pharmaceutical Packaging Material" World Applied Sciences Journal, 14(11): 1703-1716.
- 12. Wolfe, S.M., 2002. Direct-to-consumer advertising Education or emotion promotion? New England Journal of Medicine, 346(7): 524-526.
- 13. Westfall, J., M.H. McCabe and R.A. Nicholas, 1997. Personal use of drug samples by physicians and office staff. JAMA, 278: 141-143.
- 14. Wazana, A., 2000. Physicians and the pharmaceutical industry: is a gift ever just a gift? JAMA, 283(3): 373-80.
- 15. Lexchin, J., 1992. "Pharmaceutical promotion in the third world", Journal of Drug Issues; 22(2): 417-422.
- Hye, Q.Z.A. and M.M. Siddiqui, 2010. Are Imports and Exports Integrated in Pakistan? A Rolling Window Bound Testing Approach. World Applied Sciences Journal, 9(7): 708-711.
- 17. Sami, U., S. Khan, M. Shah and S.A. Khan, 2013. Assessment of Key Determinants for Economic Growth in Pakistan (1980-2009). World Applied Sciences Journal, 26(10): 1357-1363.
- Ali, H., S.I. Chaudhri, H. Ali, A. Tasneem and H. Ali, 2013. Human Capital as Determinant of Foreign Direct Investment (FDI) in Pakistan. Middle-East Journal of Scientific Research, 17(7): 877-884.
- 19. Ahmed, R.R., V. Parmar and F. Hussain, 2012. The Causal Relationship between Stock Prices and the Real Sector of the Economy in Pakistan, Middle-East Journal of Scientific Research, 12(6): 842-848.
- Kotler, P. and Gary Armstrong, 2002. Principles of Marketing, 9th Edition, Prentice-Hall International, New Jersey.